

Form B6F
(12/03)

In re **Todd Michael Carter**

Case No. **05-30507**

Debtor

AMENDED SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 2653762295 Creditor #: 1 Baptist Hospital of Cocke County 435 2nd Street Newport, TN 37821		-	Medical Services				418.00
Account No. Representing: Baptist Hospital of Cocke County			Acusource LLC PO Box 189 Gallatin, TN 37066-0189				
Account No. 8684959557 Creditor #: 2 BMG Music P.O. Box 91545 Indianapolis, IN 46291		-	Mail order				27.00
Account No. Creditor #: 3 Capital One Auto Finance P.O. Box 93016 Long Beach, CA 90809		-	1999 Dodge Avenger Repo Def.				9,932.00
<div style="display: flex; justify-content: space-between;"> 5 continuation sheets attached <div style="text-align: center;"> FILED MAY 25 2005 UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TENNESSEE BY _____ </div> <div style="text-align: right;"> Subtotal (Total of this page) </div> </div>							10,377.00

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(12/03)

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AMENDED
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 222413 Creditor #: 4 Cherokee Health Systems Department 888182 Knoxville, TN 37995-8182		-	Medical Services				62.00
Account No. 0012908629 Creditor #: 5 Direct TV P.O. Box 78627 Phoenix, AZ 85062		-	Services				233.00
Account No. Representing: Direct TV			The CBE Group PO Box 3251 Milwaukee, WI 53201-3251				
Account No. 48066 Creditor #: 6 East Tn Allergy, PC Suite 102, 1120 Weisgarber Road Knoxville, TN 37909		-	Medical Services				199.00
Account No. Creditor #: 7 J. Clint Hurley, DDS 3203 School Street White Pine, TN 37890		-	Services				295.00
<div> Sheet no. 1 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims </div> <div> Subtotal (Total of this page) </div>							789.00

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(12/03)

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SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				1999 Toyota Tacoma Repo Def.				7,750.00
Creditor #: 8 Knox TVA Credit Union P.O. Box 15994 Knoxville, TN 37901		-						
Account No. 555615				Medical Services				52.00
Creditor #: 9 Knoxville Radiological Group P.O. Box 45 Knoxville, TN 37901		-						
Account No.				Reports Inc. P.O. Box 627 Knoxville, TN 37901				
Representing: Knoxville Radiological Group								
Account No. 37722CRTR273				Mail order				17.00
Creditor #: 10 Mystic Company, Inc. 9700 Mill Street Camden, NY 13316		-						
Account No. 012243614				Signature Loan				560.00
Creditor #: 11 Security Finance 136 Five Rivers Plaza Way Newport, TN 37821		-						
Sheet no. <u>2</u> of <u>5</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page)
								8,379.00

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AMENDED
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 4396 Creditor #: 12 Sun Loan Co. #170 301 Cosby Highway Newport, TN 37821		-		Signature Loan				1,212.00
Account No. Creditor #: 13 Thomas Hill Burgin 3269 Winfield Dunn Parkway Kodak, TN 37764		-		Services				711.00
Account No. Creditor #: 14 Transouth Financial P.O. Box 3901 Bristol, TN 37625		-		any def. amount from auto accident				1.00
Account No. 3530 Creditor #: 15 US Auto Insurance P.O. Box 23530 Nashville, TN 37202		-		Services				312.00
Account No. Representing: US Auto Insurance				Billy J. Hamblen, Jr. 5004 Willoway Drive, Apt. 15 Knoxville, TN 37912				
Sheet no. 3 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page) 2,236.00

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AMENDED
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Representing: US Auto Insurance			Tennessee Department of Safety Financial Responsibility Section P.O. Box 945 Nashville, TN 37202				
Account No. Representing: US Auto Insurance			Tennessee Department of Safety Tennessee Attorney General's Office BK Unit 426 5th Avenue, 2nd Floor Nashville, TN 37243-0489				
Account No. 59667 Creditor #: 16 US Auto Services, Inc. for Billy Hamblen 3813 Green Hills Village Drive Nashville, TN 37215		-	3/8/02 auto accident				3,725.00
Account No. Representing: US Auto Services, Inc.			Tennessee Department of Safety Financial Responsibility Section P.O. Box 945 Nashville, TN 37202				
Account No. Representing: US Auto Services, Inc.			Tennessee Department of Safety Tennessee Attorney General's Office BK Unit 426 5th Avenue, 2nd Floor Nashville, TN 37243-0489				
Sheet no. 4 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				3,725.00

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AMENDED
SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 0009061964479700001 Creditor #: 17 Verizon Wireless C/O: National Enterprise Systems 29125 Solon Road Solon, OH 44139		-	Services				1,147.00
Account No. 9204 Creditor #: 18 World Finance 307 W. Broadway Newport, TN 37821		-	Signature Loan				855.00
Account No.							
Account No.							
Account No.							
Subtotal (Total of this page)							2,002.00
Total (Report on Summary of Schedules)							27,508.00

Sheet no. **5** of **5** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims